



TENNESSEE DEPARTMENT OF CORRECTION
HEALTH CLASSIFICATION SUMMARY

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APR 04 2024

U.S. District Court
Middle District of TN

Name: Norris, Joseph

TDOC ID#: 318615

Date of Birth: 12/28/1980

Specific Restrictions (Codes): J
(Circle all applicable codes)

Specific Accommodations (Codes): D, M
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time;>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time;>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
<u>J</u>	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
<u>D</u>	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
<u>M</u>	Bottom bunk in housing assignment
N	Special footwear required

Notes: Please provide extra blanket
Top Bunkers Top
Flood Hall 3-25-24
A-B-203 car near Alex's
Everyday I'm saying

Mark Wood, M.D.
Medical Practitioner Signature Mark Wood MD

7/26/2023
Date

REVIEWED

Medical Practitioner Signature

Date

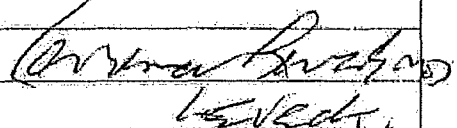


TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD

INSTITUTION

INMATE NAME: NORMIS, Joseph

TDOC NUMBER: 314615

DATE	TIME	
2-6-20	2040	S Still Given me onions - w Pickle Fred's to so you can see what's going on Responded to Medical Emergency stating I'm felt cold and shaky as if he was going to have a seizure. O-on arrival BP 160/100 HR 98 O2 98%. Blood Glucose 96. I/M appears to have very mild tremors He stated he has not had his dinner tonight and must take his seizure pills with food. The dinner that was served contained onions, which the I/M is allergic to. I/M was given a tray, monitored for further signs of seizures and he returned to cell. Instructed to eat, take meds and call for further assistance if needed. A- alteration in Health Maintenance P- will continue to monitor until S/Sx resolve or become better.
2-6-20	2100	Amanda Nodge R- I/M feels better and will call for any worsening signs
2/13/20 1056	S	Amanda Nodge R- I/M filed grievance over not getting meds for pickles cell. Dr. Hanson states I/M told her mother was making bone/joint pain worse and it was O/C at his request. We put on Tylenol & Robaxin. 

Do Not Write on Back



TENNESSEE DEPARTMENT OF CORRECTION
PROBLEM ORIENTED - PROGRESS RECORD
Trousdale Turner Correctional Center
INSTITUTION

INMATE NAME: Norris, Joseph

TDOC NUMBER: 318615

DATE	TIME	
12-13-19	0715	<input checked="" type="radio"/> Inmate reports for scheduled labwork.
		<input checked="" type="radio"/> Labs obtained: CBC <input checked="" type="checkbox"/> A1C <input checked="" type="checkbox"/>
		CMP <input checked="" type="checkbox"/> FLP <input checked="" type="checkbox"/>
		TSH <input checked="" type="checkbox"/> U/A <input checked="" type="checkbox"/>
		HIV <input checked="" type="checkbox"/> FOBTx3 <input checked="" type="checkbox"/>
		Hep Panel <input checked="" type="checkbox"/>
		PT/INR <input checked="" type="checkbox"/>
		HCV Genotype <input checked="" type="checkbox"/>
		HCV Viral Load <input checked="" type="checkbox"/>
		Fibrosure <input checked="" type="checkbox"/>
		Ns5a (RAS) <input checked="" type="checkbox"/>
		OTHER: <u>depakote, reticulite count, sed rate, ana</u>
		Using 21g vacutainer from <u>(2) ac</u> x <u>1</u> attempts.
		<input checked="" type="radio"/> No abnormal assessment noted.
		<input checked="" type="radio"/> Returned to housing unit.
		<u>Kyle Dyer</u> Kyle Dyer, LPN

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TENNESSEE DEPARTMENT OF CORRECTION

PROBLEM ORIENTED - PROGRESS RECORD

TTCL
INSTITUTION

INMATE NAME: Norris Joseph

TDOD NUMBER: 3181015

[illegible]

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MINNESOTA DEPARTMENT OF CORRECTIONS
PROBLEM ORIENTED - PROGRESS RECORD
Trosdale Turner Correctional Facility
MINNESOTA

INMATE NAME

Morris, Joseph

IDOC NUMBER

318615

DATE	TIME	
11/06/2020	5:17	IM seen for S.C. & N.P. for not getting any relief from sickle cell anemia.
		PE: T 98.6 P 80 R 20 BP 135/85 SaO2 99
		General: Appears Well groomed & nourished
		Skin: Warm & dry to touch
		HEENT: PERL Normophthalmic & head trauma or injury
		Neck: Supple & Bruit
		Resp/Thorax: CTA CMI-BCE Rales Rhonchi Wheezes Diminished
		Abdomen: Soft ND ABLD HyperABS HypoABS Tender Suprapubic RCVL
		LCVA RUQ LUQ RLQ LLQ Guarding Rebound Bruit Masses Hemi
		GU Ext Genitalia WNL Rashes Lesions Malodor D/C
		Extremities: MAEW FROM MSSW 5/5
		Neuro: AOX3 Memory intact Speech clear Gait steady
		A: Dx. of Sickle Cell Anemia.
		P: Refer to MD to evaluate for pain med.

Janelene Walter FNP-C

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